C A L I F O R N I A   D E P A R T M E N T   O F
Mental Health

Office of Multicultural Services

Cultural Competence Plan Requirements (CCPR)
Modification
DMH Information Notice No. 10-17
Technical Assistance
Webinar/Face to Face/TeleConference

Redding, Ca.

December 10, 2010
10:30am to 4:00pm

Special Thank You To:

- Shasta County Mental Health Director, Mark Montgomery, Psy.D.,

- Shasta County Mental Health Cultural Competency Coordinator, Allison Scroggins

Today's Presenters and Subject Matter Experts

California Department of Mental Health (DMH) Office of Multicultural Services

- Acting Chief, Marina Augusto, MS
- Analyst, Autumn Valerio, BA
- Analyst, Kimberly Knifong, MBA

DMH Cultural Competence Advisory Member

- Cultural Competence/Ethnic Services Manager (CC/ESM) for Sacramento County And Chair of the Central Region CC/ESM, JoAnn Johnson, LCSW

California Mental Health Planning Council

- Executive Officer, Ann Arneill-Py, PhD

TA Training Objectives

1) Assist Counties In Obtaining Information To Include In The Plan (e.g. DMH data)

2) Clarify Specific Requirements and/or Offer Guidance

3) Garner Feedback From Small Counties To Proceed With Future Technical Assistance.

Agenda

10:30   Introduction, Logistics, Objectives, Development of the CCPR/CCPR Modification

11:00   Criterion I

11:30   Criterion II

12:30   Lunch Break

1:00   Criterion III

1:45   Criterion IV

2:05   Criterion V

2:25   Criterion VI

2:45   Criterion VII

3:15   Criterion VII

3:35   Next Steps, Scoring, Evaluations

3:50   Wrap Up

4:00   Adjourn

Webinar/Face to Face/TeleConference Logistics

- **If by Webinar:**
  Please contact Tina Crosby at 916-651-9524 with technical questions
  - All participants must be muted (not on hold) for clarity of the presentation.
  - Participants will not be muted at all times. A question and answer period during each criterion will allow for unmuted phones.
  - Type in your questions in the Q and A Chat Box on the right side of your screen.
  - We will convene for a ½ hour, non-working lunch. A slide will appear with the time our presenters will begin. You will not need to disconnect but if you do, you will have to re-log in to the Webinar.
- **If by Face To Face:**
  - All questions must be considerate of the time allotted for the presentation.
- **If by TeleConference:**
  - Please put your call on MUTE (not on HOLD) until you have a question. Placing your call on hold may bring music to everyone's ears.

OMS On-going Support

- **Regional Technical Assistance Trainings**

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Leadership

"Not just with words, but with deeds - by investing in our schools and our communities; by enforcing our civil rights laws and ensuring fairness in our criminal justice system; by providing this generation with ladders of opportunity that were unavailable for previous generations."
(Obama, 2008)

Development of the CCPR

- **History/Background**
  - **CCPR 3rd Revision**
  - **2004 Administrative Relief**
  - **MHSA implementation 2005**
  - **Comprehensive of the entire system**

- **Authority**

- **Developing the CCPR**
  - **National Research**
  - **Domains to Criterion**
  - **Logic Model**

Questions

- **Type in your questions in the Q and A Chat Box on the right side of your screen.**

Vetting/Review Process

- DMH Cultural Competence Advisory Committee

- CCPR Modification:
  Small Counties Committee Of The
  California Mental Health Directors Association

CCPR Modification

- **Abridged**
- **Sustains Logic Model**
- **"Small Counties"**
  - **Defined in CCR 3200.26 (Supplemental Information Found on OMS Website)**
  - **List of Small Counties (Supplemental Information Found on OMS Website)**

Logic Model
Defined

"...theory-oriented logic models present a schematic or drawing of how a strategy is intended to work. This schematic links the logical connections between a population's needs, the intended services, and the expected outcomes" (Savas & Ruffolo, 2001). It "makes the de facto system visible and subject to thoughtful examination by the participants in that system" (Hernandez,& Hodges, 2005).

Justifies the strategy

Criterion I: Commitment

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Criterion II: Data

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Criterion II: Data Analysis

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Criterion III: Strategies To Address Disparities

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Criterion III: Identified Mechanism to Measure and Monitor

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Criterion IV: Cultural Competence Committee is integrated

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Criterion V: Culturally Competent Training Activities

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Criterion VI: Workforce Assessment

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Criterion VII: Language Access

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Criterion VIII: Adaptation of Services

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Reduction and Elimination of Disparities

Criterion I:

Commitment to Cultural Competence

- **Page 6**
- **I. Commitment (IB 1-7 are required during the compliance review)**
- **II. Recognition, Value, and Inclusion**
- **III. Designated CC/ESM**
- **IV. Identified Budget**

Criterion II:

Updated Assessment of Service Needs

- **Page 8**
- **I. General Population**
- **II. Medi-Cal Population**
- **III. 200% of Poverty**
- **IV. CSS Population**
- **V. PEI**

See supplemental handout of information on the OMS website coming soon.

Reminder:

- **Type in your questions in the Q and A Chat Box on the right side of your screen.**

Note:

- **In response to county suggestions, OMS has developed the following slides with supplemental information to assist Small Counties as they develop the portion of the CCPR Modification (DMH Information Notice 10-17) that is to be the foundational groundwork for reducing and eliminating mental health disparities.**

- **The purpose of this information is to clarify the data requirements within Criterion II of the Cultural Competence Plan Requirements Modification. These slides are not intended to replace the requirements, but to provide further guidance (such as providing the intent behind the requirement). Counties should follow the specific requirements of the CCPR Modification within DMH Information Notice 10-17 when submitting their plan.**

Criterion II:

Updated Assessment of Service Needs

I. **General Population**

Intent: To provide a picture of county demographics so as to uncover disparities

- When comparing and analyzing other populations (such as Medi-Cal,CSS, and PEI), with the general population, disparities will be more evident with this baseline information.

- Detail this by race, ethnicity, age, gender, and other relevant small county cultural populations.

- May utilize MHSA Annual Plan Update data.

- Discuss any limitations with the data.

See supplemental handout of this information on the OMS website soon.

Criterion II:

Updated Assessment of Service Needs

II. Medi-Cal Population

Intent: To find/identify disparities within the Medi-Cal population. This tool captures the number of people who hold a Medi-Cal card (eligibles) vs those on Medi-Cal utilizing mental health services in the county.

This compares data on who is Medi-Cal eligible (those holding a Medi-Cal card) with those that are utilizing your county's public mental health services.

- From this information, an analysis of disparities shall be provided.
- Discuss disparities that are prominent.
- Data shall be reported by race, ethnicity, age, gender, and other relevant small county cultural populations.
- Discuss any limitations with the data.

Criterion II:

Updated Assessment of Service Needs

III. 200% of Poverty (minus Medi-Cal) population and service needs.

Intent: To determine what kind of access non-Medi-Cal clients are receiving in the county

- Describe those in your county that are at 200% of poverty.
- Report by race, ethnicity, age, gender, and other relevant small county cultural populations.
- This population is most similar to that of the Medi-Cal population.
- Subtract out the number of the Medi-Cal population that is utilizing mental health Medi-Cal services in the county.
- This total is the number of people in your county that are in poverty and not on Medi-Cal that are using mental health services.
- Analyze for disparities that are prominent.
- Discuss any limitations with the data.

Criterion II:

Updated Assessment of Service Needs

IV. MHSA Community Services and Supports (CSS) population assessment and service needs

Intent: To show linkage between the population assessment of this MHSA component and the county's current disparities identified in Criterion II

- From the county's approved CSS plan, extract a copy of the population
- assessment.

- Summarize population and client utilization data (those using mental health services in your county) by race, ethnicity, language, age, gender and other relevant small county cultural populations.

- Provide an analysis of disparities as identified in the above summary. This can be a narrative discussion of the data. Data must support the analysis.

- Show linkage here of how the CSS assessment is still current or is out dated, and how the county will reduce the disparities identified in the CCPR Modification Criterion II analysis work.

- Discuss any limitations with the data.

Criterion II:

Updated Assessment of Service Needs

V. Prevention and Early Intervention (PEI) Plan: The process used to identify the PEI priority populations

Intent: To show linkage between the county-identified PEI populations and the current target populations that are identified to be targeted to address the county's current disparities.

- Describe which PEI priority population(s) the county identified in their PEI plan.

- Describe the process and rationale used by the county in selecting them. PEI Plan sections should be used to respond to priority populations identified by the county.

- Are these populations the same populations that are currently identified as having disparities? If not, describe how the county will fully address current disparities.

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Criterion II—*Needs Additional Info.*

"At this time, X County has no threshold language other than English in its Medi-Cal beneficiary population. The X-speaking population comprises only 3% of the total county population."

- **This example was provided in a county's 2003 submitted CCPR.**
- Additional information must be included:
    - Analysis of future trends
    - Discussion of data limitations
    - Analysis of prominent disparities
    - Discussion of cultural populations with disparities

Excellent Examples For Criterion II

- More examples can be found on the OMS website at http://www.dmh.ca.gov/Multicultural_Services/CCPR.asp.

Lunch:

30 minutes

We will begin Criterion III at _____

Please contact Tina Crosby for any technical assistance needs, at the following number:

916-951-9524

Criterion III:

Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities

- **Page 11**
- **I. List Target Populations (with disparities)**
- **II. List Disparities (within the target populations)**
- **III. List strategies for reducing disparities**
- **IV. Discuss County Measures and Monitoring Activities**
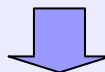- **V. Share What Is Working Well/Lessons Learned**

Example Provided For Criterion III

Data

5% of the county's general population are Latino
10% of Medi-Cal are Latino (of those, 47% are older adults)
While only 0.5% of Latinos access/utilize Medi-Cal
No Spanish bilingual workforce

Target Population and Disparity

Older adult Latino is the target population due to access issues,
Medi-Cal data compared to Medi-Cal utilization data,
and WET workforce assessment revealing a need for
bilingual (Spanish speaking) providers/workers
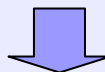
Strategies

Latino support group and an elders drop-in center
Cultural competence training on the Role of Family
American Culture (with Latino American Consumer Perspective)
Interpreter training dollars targets Spanish speaking speakers
WET: Targets strategies to move trained Spanish speaking
interpreters into mental health workforce pathways/hires
interpreters as outreach workers

Reminder:

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Criterion IV:

Client/Family Member/Community Committee: Integration of the Committee Within The County Mental Health System

- **Page 12**
- **I. County has a Cultural Competence Committee (CCC) and has participation from cultural groups (reflective of community) and Is Integrated Within The Mental Health System**

Criterion V:

Culturally Competent Training Activities

- **Page 13**
- **I. The County System Shall Require All Staff And Shall Invite Stakeholder To Receive Annual Cultural Competence Training.**
- **II. Counties Must Have A Process For The Incorporation Of Client Culture Training Throughout The Mental Health System.**

Example: Trainings Completed In a 1 Year* Time Period

Training Event	Description of Training	How long and often	Attendance By Function	# of Attendees And Total	Date of Training	Name of Presenter
Overview of Mental Health Cultural Competence	Overview of cultural competence issues in mental health treatment settings	4 Hours annually	*Direct Services providers *Direct Services Contractors *Admin. *Interpreters	18 MHP Direct Services workers 2 Contractors Direct Service Workers 7 Admin 1 Interpreters	01/12/10	Speaker A and panel of mental health consumers
Mental Health for Refugees	Refugee consumer panel	3 hours annually	Direct Services providers *Direct Services Contractors *Admin. *Interpreters Refugee consumers Native American community members	22 MHP Direct Services workers 1 Contractors, Direct Service Workers 4 Admin 5 Interpreters 7 Native American Community Members	06/22/10	4 refugee Consumers
Cultural Competence and Mental Health Summit	2 day conference on mental health issues for diverse populations. Topics: White Privilege Filipino Cultural Competence	2 days annually	Direct Services providers *Direct Services Contractors *Admin. *Interpreters	12 Direct Services workers 4 Contractors 5 Admin 4 interpreters	11/6/10	Various presenters including: Speaker A Speaker B Speaker C

*Provide county training dates for any recent one year time period.

Criterion VI:

County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

- **Page 15**
- **I. Recruitment, Hiring, And Retention Of A Multicultural Workforce From, Or Experience With, The Identified Unserved And Underserved Populations**

Criterion VII:

Language Capacity

- **Page 16**
- **I. Increase Bilingual Workforce Capacity**
- **II. Provide Services To Persons Who Have Limited English Proficiency (LEP) By Using Interpreter Services**
- **III. Provide Bilingual Staff And /Or Interpreters For The Threshold Languages At All Points Of Contact**
- **IV. Provide Services To All LEP Clients Not Meeting The Threshold Language Criteria Who Encounter The Mental Health System At All Points Of Contact**
- **V. Required Translated Documents, Forms, Signage, And Client Informing Materials**

Criterion VIII:

Adaptation of Services

- **Page 20**
- **I. Client Driven/Operated Recovery and Wellness Programs**
- **II. Responsiveness Of Mental Health Services**
- **III. Quality Assurance**

Reminder:

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Next Steps:

Once the County has submitted their CCPR Modification

- **Review and Scoring Process**
  - Review Committee
  - County Communication/Technical Assistance
  - Supplemental Information
  - Letter sent to County with CCPR Score
  - Final Score Posted
- **Further Technical Assistance Provided**
- **Aggregate and Summarize Data**
- **General Feedback To All Counties**

Evaluations

- **A DMH Survey Monkey will be coming via email after this Webinar.**

- **Please provide your feedback so OMS may incorporate suggestions into future technical assistance opportunities.**

- **Thank you!**

Thank you

Thank you Allison Scroggins!

Adjourn

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OMS Website
http://www.dmh.ca.gov/Multicultural_Services

References

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Savas, S. A., & Ruffolo, M.C. (2001). Using a three-phase decision-making model to integrate emerging practices. In M. Hernandez & S. Hodges (Eds.), *Developing Outcome Strategies in Children's Mental Health* (pp.167-182). Baltimore, London, Toronto and Sydney: Paul H. Brookes Publishing Co.